

# **INDUSTRIALIZED BUILDING – SITE PLACEMENT**

## **REVIEW APPLICATION**

1. ☐ NEW PLAN REVIEW ☐ RESUBMITTAL

ASSOCIATED EXISTING PROJECT: P0 \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

## 2. REVIEW TYPE:

**INDUSTRIALIZED BUILDING – SITE PLACEMENT**

## 3. Enter the Decal Number attached to the Industrialized Building to be installed:

Decal Number: \_\_\_\_\_

## 4. Project Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite or Space No: \_\_\_\_\_

City: \_\_\_\_\_ Within city limits? ☐ Yes ☐ No

State: LA Zip: \_\_\_\_\_ - \_\_\_\_\_ Parish: \_\_\_\_\_

☐ STATE OWNED ☐ STATE LICENSED ☐ STATE LEASED ☐ MUNICIPAL PROJECT☐ PRIVATE PROJECT ☐ FEDERALLY OWNED ☐ FEDERALLY FUNDED

Estimated Cost of Project: \$ \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

## 5. REVIEW TYPE:

☐ NEW CONSTRUCTION☐ Complete Build-out ☐ Partial Build-out ☐ Foundation Only ☐ Shell Only• Are you pursuing a DHH License for a Healthcare facility? ☒ Yes ☐ No☐ RENOVATION OR ADDITION TO AN EXISTING BUILDING☐ Alteration Level 1  
(Minor alterations or repairs)☐ Alteration Level 2  
(<50% of the square footage of the building)☐ Alteration Level 3  
(50% or more of the sq ftg of the building)☐ Addition(s)☐ Change in use of the building

Date of Original Building: \_\_\_\_\_

Date of latest major  
renovation to this bldg: \_\_\_\_\_

Existing Square Feet: \_\_\_\_\_

Addition Square Feet: \_\_\_\_\_

Renovated Square Feet: \_\_\_\_\_

PREVIOUS OCCUPANCY:☐ ASSEMBLY ☐ INSTITUTIONAL ☐ BUSINESS ☐ MERCANTILE ☐ EDUC/DAY-CARE ☐ RESIDENTIAL☐ FACTORY/INDUSTRIAL ☐ STORAGE ☐ HIGH HAZARD ☐ UTILITY/MISCELLANEOUS ☐ UNKNOWN• Are you pursuing a DHH License for a Healthcare facility? ☐ Yes ☐ No☐ Kitchen Exhaust Hood Construction ☐ Paint Booth Construction ☐ Generator Installation☐ Clean Agent Room Construction ☐ Level I ☐ Level II☐ TEMPORARY CONSTRUCTION BUILDING INSTALLATION OR TENTS

Number of Temporary Buildings or Tents: \_\_\_\_\_ Number of Months Building or Tent will be Utilized: \_\_\_\_\_

**6. ENERGY CODE COMPLIANCE**

- ☐ COMcheck complies ☐ YES ☐ NO ☐ EXEMPT  
☐ REScheck complies ☐ YES ☐ NO ☐ EXEMPT  
☐ Not Applicable / REASON FOR EXCEPTION \_\_\_\_\_

**7. LOUISIANA STATE UNIFORM CONSTRUCTION CODE**

- ☐ Office of State Fire Marshal (*ELIGIBLE JURISDICTIONS ONLY*)  
☐ Parish or Municipal Permitting Office  
☐ Registered Third Party Provider Third Party Provider's LSUCCC Registration Number: \_\_\_\_\_


**8. OCCUPANCY CLASSIFICATION(s)**

- ☐ ASSEMBLY \_\_\_\_\_ square feet  
☐ 50 TO 299 OCCUPANTS ☐ 300 TO 499 OCCUPANTS  
☐ 500 TO 999 OCCUPANTS ☐ 1,000 OCCUPANTS OR MORE  
☐ Group A-1 ☐ Group A-2 ☐ Group A-3 ☐ Group A-4 ☐ Group A-5
- ☐ INSTITUTIONAL \_\_\_\_\_ square feet  
☐ Group I-1 (Group Care)  
Group I-2 (Health Care)  
☐ HOSPITAL ☐ LIMITED CARE FACILITY ☐ NURSING HOME  
Group I-3 (Detention/Correction)  
☐ CONDITION 1 ☐ CONDITION 2 ☐ CONDITION 3 ☐ CONDITION 4  
☐ Group I-4 (Day-Care)  
Number of Children over 2-1/2 years of age: \_\_\_\_\_  
Number of Children 2-1/2 years of age or less: \_\_\_\_\_  
Number of Adults (if Adult Day Care): \_\_\_\_\_
- ☐ BUSINESS \_\_\_\_\_ square feet
- ☐ MERCANTILE \_\_\_\_\_ square feet  
☐ Class A (>30,000 sq. ft.)  
☐ Class B (Between 3,000 and 30,000 sq. ft.)  
☐ Class C (<3,000 sq. ft.)
- ☐ EDUCATIONAL OR DAY-CARE \_\_\_\_\_ square feet  
☐ School/Classroom  
☐ Day Care  
Number of Children over 2-1/2 years of age: \_\_\_\_\_  
Number of Children 2-1/2 years of age or less: \_\_\_\_\_  
Number of Adults (if Adult Day Care): \_\_\_\_\_
- ☐ RESIDENTIAL \_\_\_\_\_ square feet  
☐ Group R-1 (Hotel/Motel - Primarily Transient)  
☐ Group R-2 (Apartments- Primarily Permanent)  
☐ Group R-3 (Small Miscellaneous)  
☐ Group R-4 (Small Residential Care for <16 Occupants)  
• Number of Occupants: \_\_\_\_\_
- ☐ FACTORY / INDUSTRIAL \_\_\_\_\_ square feet  
☐ Group F-1 (Moderate Hazard)  
☐ Group F-2 (Low Hazard)  
☐ High Hazard  
☐ GROUP H-1 DETONATION HAZARD  
☐ GROUP H-2 DEFLAGRATION HAZARD

**FACTORY / INDUSTRIAL (cont.)**

- ☐ GROUP H-3 COMBUSTIBLE HAZARD  
☐ GROUP H-4 HEALTH HAZARD  
☐ GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

☐ STORAGE \_\_\_\_\_ square feet

☐ GROUP S-1 (Moderate Hazard)  Identify the materials to be stored: \_\_\_\_\_  
☐ GROUP S-2 (Low Hazard) \_\_\_\_\_

☐ HIGH HAZARD

- ☐ GROUP H-1 DETONATION HAZARD  
☐ GROUP H-2 DEFLAGRATION HAZARD  
☐ GROUP H-3 COMBUSTIBLE HAZARD  
☐ GROUP H-4 HEALTH HAZARD  
☐ GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

☐ UTILITY / MISCELLANEOUS \_\_\_\_\_ square feet

Provide a Description of Use: \_\_\_\_\_



TOTAL SQUARE FEET OF THE AREA UNDER REVIEW: \_\_\_\_\_ SQ FT

**9. ADDITIONAL FEATURES**

(Select ALL applicable fire protection or occupancy features that are associated with this project)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sprinkler System – 13                | <input type="checkbox"/> Stage or Platform                        | <input type="checkbox"/> Motor-Vehicle Related    |
| <input type="checkbox"/> Sprinkler System – 13 D              | <input type="checkbox"/> Aircraft Related                         | <input type="checkbox"/> Special Amusement        |
| <input type="checkbox"/> Sprinkler System – 13 R              | <input type="checkbox"/> Owned and Operated By a Religious Entity | <input type="checkbox"/> Hazardous Materials      |
| <input type="checkbox"/> Kitchen Hood Fire Suppression System | <input type="checkbox"/> Fire Alarm System                        | <input type="checkbox"/> University / College     |
| <input type="checkbox"/> Boiler(s)                            | <input type="checkbox"/> Special Locking System(s)                | <input type="checkbox"/> Emergency Shelter        |
| <input type="checkbox"/> Clean Agent                          | <input type="checkbox"/> Paint Booth                              | <input type="checkbox"/> Generator (Required)     |
| <input type="checkbox"/> Covered Mall Building                | <input type="checkbox"/> Casino/Gaming Area                       | <input type="checkbox"/> Generator (Non-Required) |
| <input type="checkbox"/> Underground Building                 | <input type="checkbox"/> Atrium                                   | <input type="checkbox"/> Ambulatory Health Care   |

**10. CONSTRUCTION TYPE**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> V-B / V(000)<br>(NON-RATED WOOD)                     | <input type="checkbox"/> V-A / V(111)<br>(FIRE-RATED WOOD)         | <input type="checkbox"/> IV-HT / IV(2HH)<br>(HEAVY TIMBER)           | <input type="checkbox"/> III-B / III(200)<br>(COMBINATION WOOD/STEEL/CONC) |
| <input type="checkbox"/> III-A / III(211)<br>(COMBINATION<br>WOOD/STEEL/CONC) | <input type="checkbox"/> II-B / II(000)<br>(NON-RATED STEEL/CONC)  | <input type="checkbox"/> II-A / II(111)<br>(1 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-B / II(222)<br>(2 HOUR RATED STEEL/CONC)        |
| <input type="checkbox"/> I-A / I(332)<br>(3 HOUR RATED STEEL/CONC)            | <input type="checkbox"/> I-A / I(442)<br>(4 HOUR RATED STEEL/CONC) | <input type="checkbox"/> Not Provided / Unknown                      |  |

**11. APPLICANT(S) (P.O.R. / OWNER / TENANT / CONTRACTOR / ADDITIONAL CONTACT) AS APPLICABLE**

☐ **PROFESSIONAL OF RECORD**

P.O.R is a Louisiana Licensed ☐ Engineer Louisiana License Number: \_\_\_\_\_  
☐ Architect Louisiana License Number: \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME SUFFIX

\_\_\_\_\_  
NAME OF FIRM PHONE FAX EMAIL

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
ZIP Code PARISH/COUNTY CITY STATE

☐ **OWNER**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_  
NAME OF FIRM \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
ZIP Code \_\_\_\_\_ PARISH/COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

☐ **TENANT**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_  
NAME OF FIRM \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
ZIP Code \_\_\_\_\_ PARISH/COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

☐ **CONTRACTOR**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_  
NAME OF FIRM \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
ZIP Code \_\_\_\_\_ PARISH/COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

☐ **ADDITIONAL CONTACT**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_  
NAME OF FIRM \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
ZIP Code \_\_\_\_\_ PARISH/COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

**12. DOCUMENTS PROVIDED FOR REVIEW**

☐ Correspondence ☐ Plans ☐ Shop Drawings ☐ Specifications ☐ Photographs

**This section allows the applicant (any owner, professional of record, contractor, developer, or manufacturer) to clearly identify all records containing proprietary or trade secret information submitted to the Office of State Fire Marshal, as documents that contain confidential, proprietary, or trade secret information, in accordance with the Public Records Law, specifically R.S. 44:3.2(D). Any record disclosures will be made in accordance with the Public Records Law.**

☒ DOCUMENT CONTAINS CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

☐ DOCUMENT DOES NOT CONTAIN CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

**13. REVIEW FEE & PAYMENT** (See the FEE SCHEDULE on the following pages to determine the required fee)

- Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.
- State Projects are projects contracted through LA Facility Planning and Control. **LSUCC REVIEWS ARE NOT PERFORMED BY THIS OFFICE.** State Projects, both full reviews and exemption requests, are fee exempt except for Project Re-submittals.

- Municipal Projects include all city, parish, and federal projects. Except for Project Re-submittals, Municipal Projects are charged a flat review fee of \$20 for the Base Review Fee. In addition to the Base Review Fees, full LSUCC Review Fees apply for Municipal Projects where requests for LSUCC review service are accepted.
- Project Re-submittals - No fee exemptions are allowed.

#### Plan Review Fee Schedule

In accordance with R.S.40:1574.1 and R.S.40:1730.41, the owner of the project who submits the plans and specifications shall pay to the Office of State Fire Marshal, Code Enforcement and Building Safety a plan review or document fee based on the “**Base Review Fee**” indicated in the following schedule.

**In addition**, in the instance the State Fire Marshal inspects plans and specifications on behalf of a political subdivision and others for compliance with the State Uniform Construction Code under authority of R.S. 40:1730.39.A, the applicant shall pay to the office of state fire marshal, code enforcement and building safety, an additional plan review or document fee based on the “**LSUCC Review Fee**” indicated in the following schedule.

Calculated fee attached: \_\_\_\_\_

| Occupancy   | Square Footage   | Base Review Fee | LSUCC Review Fee                             | Total Review Fee                             |
|---|------------------|-----------------|--|--|
| <b>ASSEMBLY</b><br><br>Groups<br>A-1, A-2, A-3, A-4,<br>A-5   | 0 - 2500         | \$55.00         | + \$280.00                                   | = \$335.00                                   |
|   | 2,501 - 4,500    | \$85.00         | + \$420.00                                   | = \$505.00                                   |
|   | 4,501 - 10,000   | \$205.00        | + \$1,015.00                                 | = \$1,220.00                                 |
|   | 10,001 - 50,000  | \$305.00        | + \$1,501.00                                 | = \$1,806.00                                 |
|   | 50,001 - 100,000 | \$405.00        | + \$1,960.00                                 | = \$2,365.00                                 |
|   | 100,001 and over | \$555.00        | + \$1,960.00 + .010/sqft<br>over 100,000sqft | = \$2,515.00 + .010/sqft<br>over 100,000sqft |
| <b>EDUCATIONAL or<br/>DAYCARE</b><br><br>Groups E, I-4  | 0 - 5,000        | \$55.00         | + \$280.00                                   | = \$335.00                                   |
|   | 5,001 - 10,000   | \$85.00         | + \$420.00                                   | = \$505.00                                   |
|   | 10,001 - 30,000  | \$125.00        | + \$615.00                                   | = \$740.00                                   |
|   | 30,001 - 80,000  | \$225.00        | + \$1,105.00                                 | = \$1,330.00                                 |
|   | 80,001 - 150,000 | \$325.00        | + \$1,595.00                                 | = \$1,920.00                                 |
|   | 150,001 and over | \$425.00        | + \$1,595.00 + .010/sqft<br>over 150,000sqft | = \$2,020.00 + .010/sqft<br>over 150,000sqft |
| <b>HEALTH CARE,<br/>INSTITUTIONAL,<br/>or DETENTION<br/>(Includes Limited<br/>Care/Assisted Living<br/>facilities)</b><br><br>Groups I-2, I-3 | 0-2,000          | \$205.00        | + \$280.00                                   | = \$485.00                                   |
|   | 2,001-5,000      | \$205.00        | + \$510.00                                   | = \$715.00                                   |
|   | 5,001-10,000     | \$205.00        | + \$765.00                                   | = \$970.00                                   |
|   | 10,001-20,000    | \$305.00        | + \$1,015.00                                 | = \$1,320.00                                 |
|   | 20,001-30,000    | \$405.00        | + \$1,015.00                                 | = \$1,420.00                                 |
|   | 30,001-50,000    | \$405.00        | + \$1,995.00                                 | = \$2,400.00                                 |
|   | 50,001-100,000   | \$505.00        | + \$2,485.00                                 | = \$2,990.00                                 |
|   | 100,001 and over | \$705.00        | + \$2,485.00 + .020/sqft<br>over 100,000sqft | = \$3,190.00 + .020/sqft<br>over 100,000sqft |
|   | New High rise    | \$855           | + \$2,485.00 + .020/sqft<br>over 100,000sqft | + \$3,340.00 + .020/sqft<br>over 100,000sqft |

|   |                  |  |  |  |
|---|------------------|--|--|--|
| <b>HOTELS,<br/>DORMITORIES,<br/>APARTMENTS,<br/>LODGING or<br/>ROOMING HOUSES,<br/>RESIDENTIAL<br/>BOARD AND CARE<br/>FACILITIES</b><br><br>Groups R-1, R-2, R-3,<br>R-4, I-1 | 0-2,500          | \$55.00                                | + \$280.00                                   | = \$335.00                                   |
|   | 2,501-10,000     | \$85.00                                | + \$420.00                                   | = \$505.00                                   |
|   | 10,001-30,000    | \$205.00                               | + \$1,015.00                                 | = \$1,220.00                                 |
|   | 30,001-80,000    | \$305.00                               | + \$1,505.00                                 | = \$1,810.00                                 |
|   | 80,001-150,000   | \$405.00                               | + \$1,995.00                                 | = \$2,400.00                                 |
|   | 150,001 and over | \$505.00                               | + \$1,995.00 + .010/sqft<br>over 150,000sqft | = \$2,500.00 + .010/sqft<br>over 150,000sqft |
|   | New High rise    | \$705.00                               | + \$1,995.00 + .010/sqft<br>over 150,000sqft | = \$2,700.00 + .010/sqft<br>over 150,000sqft |
| <b>BUSINESS or<br/>MERCANTILE</b><br><br>Groups M, B  | 0-3,000          | \$55.00                                | + \$280.00                                   | = \$335.00                                   |
|   | 3,001-10,000     | \$85.00                                | + \$420.00                                   | = \$505.00                                   |
|   | 10,001-30,000    | \$115.00                               | + \$580.00                                   | = \$695.00                                   |
|   | 30,001-50,000    | \$175.00                               | + \$860.00                                   | = \$1,035.00                                 |
|   | 50,001-150,000   | \$225.00                               | + \$1,105.00                                 | = \$1,330.00                                 |
|   | 150,001 and over | \$325.00                               | + \$1,105.00 + .010/sqft<br>over 150,000sqft | = \$1,430.00                                 |
|   | New High rise    | \$525.00                               | + \$1,105.00 + .010/sqft<br>over 150,000sqft | = \$1,630.00 + .010/sqft<br>over 150,000sqft |
| <b>INDUSTRIAL or<br/>STORAGE</b><br><br>Groups<br>F-1, F-2, S-1, S-2, U   | 0-10,000         | \$55.00                                | + \$280.00                                   | = \$335.00                                   |
|   | 10,001-20,000    | \$85.00                                | + \$420.00                                   | = \$505.00                                   |
|   | 20,001-50,000    | \$115.00                               | + \$580.00                                   | = \$695.00                                   |
|   | 50,001-100,000   | \$145.00                               | + \$720.00                                   | = \$865.00                                   |
|   | 100,001 and over | \$225.00                               | 720.00 + .020/sqft over<br>100,000sqft       | = \$945.00 + .020/sqft over<br>100,000sqft   |
|   |                  |  |  |  |
| <b>HIGH HAZARD</b><br>Groups<br>H-1, H-2, H-3, H-4, H-5   | 0-2,000          | To be classified as<br>indicated above | + \$440.00                                   | Base Review Fee +<br>LSUCC Review Fee        |
|   | 2,001 and over   |  | + \$440.00 + .030/sqft over<br>2,000sqft     |  |

**Notes:**

1. Fee applies to the primary occupancy class of the building, but includes square footage for the total building, even where composed of separate occupancy classes, incidental uses or accessory uses.
2. Only one complete set of plans and specifications shall be submitted to this office for review.